

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 097830871	FEE AMOUNTS					
						APPLICANT(S)						
CLAIMS												
#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2	/						62					
3	/						63					
4	3						64					
5	2						65					
6	2						66					
7	2						67					
8	0						68					
9	0						69					
10	0						70					
11	0						71					
12	/						72					
13	/						73					
14	2						74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND. 2					
42							TOTAL DEP. 18					
43							TOTAL CLAIMS 20					
44							TOTAL IND. 6					
45							TOTAL DEP. 17					
46							TOTAL CLAIMS 18					
47							TOTAL IND. 0					
48							TOTAL DEP. 0					
49							TOTAL CLAIMS 0					
50							TOTAL IND. 0					
TOTAL IND.	2						TOTAL DEP. 18					
TOTAL DEP.	18	18	18	18	18	18	TOTAL CLAIMS 18					
TOTAL CLAIMS	20	18	18	18	18	18	TOTAL IND. 0					
							TOTAL DEP. 0					
							TOTAL CLAIMS 0					

Best Available Copy